FACILITY/LICENSE #

ARKANSAS DEPARTMENT OF HUMAN SERVICES DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION

REQUEST FOR:

CRIMINAL RECORD CHECK

MAIL ORIGINAL COMPLETED FORM TO: P.O.BOX 1437 SLOT S-150 LITTLE ROCK AR 72203

FACILITY DIRECTOR & TELEPHONE NUMBER DATE OF REQUEST O BE COMPLETED BY THE PERSON TO BE CHECKED AME OF PERSON TO BE CHECKED: (LAST NAME) (FIRST NAME) (MIDDLE NAME) ALIASES: OB: (/) SSN: PHONE #: (MONTH DATE YEAR RIVER'S LICENSE OF GOV'T ID #: RACE: SEX: [MALE / FEMALE] IOTE: HAVE YOU LIVED IN ARKANSAS FOR THE PAST FIVE (5) YEARS? YES NO (IF NO YOU MUST COMPLETE AN FIECORD CHECK AND FINGERPRINT CARD). OMPLETE ADDRESS: Physical residential address) STREET CITY STATE ZIP LACE OF EMPLOYMENT: Lave You ever been found guilty of, or pleaded guilty or no contendere to a crime? (Circle ONE) YES NO If yes, attach a detailed description of the crime and the facts of the finding of guilt or the plea. Lihereby authorize the Arkansas State Police to release any criminal history information: to the Division of Child Care and Early Childhood ducation." SIGNATURE OF PERSON TO BE CHECKED DATE	(FACILITY USE	ONLY)			(DHS USE ONLY)		
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